
**ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL****CURRENT CORRESPONDENCE ADDRESS**

30869 7590 12/29/2006

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.  
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PALO ALTO, CA 94306**Certificate of Mailing or Transmission**

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Abigail Capulong (Depositor's name)

 (Signature)

2/6/07 (Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
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10/673089	9/26/2003	Burak Acar	S01-253/US	7567
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Title: METHOD FOR MATCHING AND REGISTERING MEDICAL IMAGE DATA

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
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nonprovisional	YES	\$700	\$300	\$0	\$1000	3/29/2007
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Examiner	Art Unit	Class-SubClass
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AZARIAN, SEYED H	2624	382/131000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):

- ☐ Change of correspondence address attached.  
☐ "Fee address" indication attached.

2. For printing on the patent front page list firm name:

LUMEN INTELLECTUAL PROPERTY SERVICES, INC.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.**

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

1. The Board of Trustees of the Leland Stanford Junior University

(B) RESIDENCE (City and State or Country)

1. Palo Alto, CA

Please check the appropriate assignee category/categories: ☐ Individual ☒ Corporation or Private Group Entity ☐ Government**4a. The following fee(s) are submitted:**

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

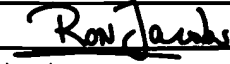
**4b. Payment of fee(s):**

- ☐ Check is enclosed  
☒ Payment by credit card (form is attached)  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. \_\_\_\_\_ (enclose extra copy)

**5. Change in entity status (from status indicated above)**

- ☐ a. Applicant claims SMALL ENTITY status ☐ b. Applicant is no longer claiming SMALL ENTITY status

**SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT**

SIGNATURE		DATE	2/6/07
PRINTED NAME	Ron Jacobs	REGISTRATION NUMBER	50,142

This collection of information is required by 37 CFR 1.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

02/09/2007 TTRAN2 00000045 10673089

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**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/673089
	Filing Date	9/26/2003
	First Named Inventor	Burak Acar
	Art Unit	2624
	Examiner Name	AZARIAN, SEYED H
Total Number of Pages in This Submission	Attorney Docket Number	S01-253/US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: Issue Fee _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Ron Jacobs		
DATE	2/6/07	REGISTRATION NUMBER	50,142

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SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	2/6/07

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